DOSH DIRECTIVE
Division of Occupational Safety and Health
Department of Labor and Industries
Keeping Washington Safe and Working

13.40 Nursing and Residential Care Facilities NEP

Date: October 5, 2012

I. Purpose

This DOSH Directive implements OSHA's National Emphasis Program (NEP) for programmed inspections of nursing and residential care facilities in the state of Washington.

The NAICS codes that correspond to this directive are 623110, 623210, and 623311 (SIC codes 8051-Skilled Nursing Care Facilities, 8052-Intermediate Care Facilities, and 8059-Nursing and Residential Care Facilities, Not Elsewhere Classified).

For the purposes of this Directive, "CSHO" refers to both DOSH Compliance Inspectors and Consultants.

II. Scope and Application

This Directive applies to all DOSH operations statewide. It replaces all previous instructions on this issue, whether formal or informal.

III. References (see additional references in Appendix B)

- DOSH Compliance Manual
- Chapter 296-823 WAC, Bloodborne Pathogens
- Chapter 296-802 WAC, Employee Medical and Exposure Records
- WAC 296-800-110, Employer Responsibilities: Safe Workplace
- WAC 296-800-170, Employer Chemical Hazard Communication
- DOSH Directive 11.35, Tuberculosis Control in Health Care
- WAC 296-800-140, Accident Prevention Program
- Chapter 296-802 WAC, Employee Medical and Exposure Records
- Chapter 296-27 WAC, Recordkeeping and Reporting
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005
- CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007

IV. Background

The federal Occupational Safety and Health Administration (OSHA) issued CPL 03-00-016, National Emphasis Program - Nursing and Residential Care Facilities, effective April 2, 2012. CPL 03-00-016 describes policies and procedures for implementing a National Emphasis Program (NEP) to identify and reduce or eliminate workplace health hazards associated with Nursing and Residential Care Facilities. OSHA and DOSH inspection histories have shown that individuals employed in Nursing and Residential Care Facilities are exposed to serious safety and health hazards on a daily basis.

This NEP will focus primarily on the hazards which are prevalent in nursing and residential care facilities, specifically, ergonomic stressors relating to resident handling; exposure to blood and other potentially infectious materials; exposure to tuberculosis; workplace violence; and slips, trips, and falls.

As detailed in the DOSH Compliance Manual, when additional hazards come to the attention of the CSHO, the scope of the inspection may be expanded to include those hazards. Calendar Year (CY) 2010 data from the BLS indicate that an overwhelming proportion of the injuries within this industry were attributed to overexertion-related incidents.

As an example, 48% of all reported injuries in nursing care facilities for CY 2010 were due to overexertion. Injuries from slips, trips, and falls were also very commonly reported among the nonfatal occupational injury and illness cases reported in nursing and residential care facilities.

Taken together, overexertion and slips, trips, and falls accounted for 51.4% of all reported cases with days away from work within this industry for CY 2010.

In addition, previous health inspections of nursing and residential care facilities have resulted in citations for exposures to a wide variety of health hazards including bloodborne pathogens, tuberculosis, MRSA, workplace violence, and communication of chemical hazards.

NOTE: BLS data for NAICS 6232 contain data for establishments within NAICS 623210, which is a focus sector for this NEP, and for NAICS 623220 (i.e., residential mental health and substance abuse facilities, settings that do not ordinarily include medical services). The latter, NAICS 623220, is NOT a focus of this NEP. Data separating the two sectors in NAICS 6232 are currently unavailable.

Additionally, BLS data for NAICS 6233 contains data for establishments that fall within NAICS 623311, which is a focus sector for this NEP, and also for NAICS 623312 (i.e., assisted-living facilities without on-site nursing care facilities), which are NOT a focus of this NEP. Data separating the two sectors in NAICS 6233 are also currently unavailable.

V. Enforcement Policy

A. The DOSH Compliance Manual applies to all inspections conducted under this NEP. The scope of these inspections will normally be comprehensive.

B. The goals of the NEP are to prevent occupational illnesses and injuries that can arise from the known hazards in Nursing and Residential Care Facilities.

C. All ergonomic related inspections must be coordinated through Central Office for review and approval, prior to issuing a citation.

VI. Scheduling Process

A. At least three programmed inspections statewide, per year, will be conducted under this NEP. The Compliance Support Manager will coordinate assignments to ensure that the minimum numbers are inspected. The Regional Compliance Manager may assign additional inspections under this NEP. These inspections are to be coordinated with the Ergonomics Program Manager.

B. Scheduling each year for establishments within the NAICS as outlined by this NEP will be based on factors including, but not limited to, assessing time loss and experience factors in each of the topic areas listed in this NEP.

C. The Compliance Support Manager will provide the selection to the Regional Compliance Manager who will assign the inspection to a Regional CSHO.

D. Worksites assigned, or pending assignment for another reason, may be coordinated with an NEP emphasis assignment. Complaints and referrals received during an NEP programmed inspection will be evaluated in accordance with the DOSH Compliance Manual, and if inspected, incorporated into the programmed inspection report and file, if appropriate.

Complaints or referrals received before an NEP programmed inspection is initiated, may also be assigned and conducted according to this Directive, as determined by the Regional Compliance Manager.

E. Consideration for deletion from the list will be made according to the following criteria:

1. The establishment has received a comprehensive compliance inspection or consultation visit (safety and/or health) within the two (2) years prior to the effective date of this NEP.

2. The facility is an approved participant in DOSH's Voluntary Protection Program (VPP) or DOSH Consultation's Safety Through Achieving Recognition Together (START).

F. Unprogrammed Inspections Priority.

1. When complaints/referrals/accident notifications are received for employers within the covered NAICS, Compliance Support will be notified prior to the opening of the inspection. The inspection will follow normal inspection procedures, and the guidance in this NEP Directive, in order to be counted under the NEP designation.

2. Although a region will be permitted to use the nursing home NEP code on certain inspections initiated as unprogrammed or scheduled activities, DOSH is still responsible for conducting at least **three** inspections from the list, provided by the compliance program in each of the three years.

VII. Coding Inspections Under this NEP

A. Inspections, both programmed and unprogrammed, conducted from this NEP must be coded in the WIN system by selecting "Nursing" in both the Local Emphasis Program choice list and in the National Emphasis Program choice list on the Inspection screen.

B. Consultation visits in response to this NEP must be coded in the WIN system by selecting "Nursing" in the Emphasis Information choice list on the Visit screen.

C. When inspections result in a Safe Place ergonomic citation, select "ERGO-CIT" in the Special Tracking Information choice list on the WIN Inspection screen.

VIII. Expiration

This DOSH Directive will expire three years after its date of issue.

IX. Outreach

Outreach will develop information about the NEP, hazards, and prevention resources and distribute the information to affected Washington State employers, business, and labor associations. If an employer on the NEP list requests and schedules a comprehensive health consult prior to initiation of an inspection, the worksite will be excluded from a health compliance inspection through the NEP program. Resources for compliance assistance are provided in Appendix B.

X. Enforcement Guidance

A. NAICS Verification.

At the opening conference the compliance safety and health officer (CSHO) will verify the establishment's NAICS code. As needed, determine the activities which occur at the workplace before determining the appropriate NAICS code. If the establishment does not fall within NAICS 623110, 623210 or 623311, the inspection will be terminated as part of this NEP.

B. Privacy.

1. Residents.

a. Respect for residents' privacy must be a priority during any inspection.

b. In evaluating resident handling or other hazards (e.g., BBP, tuberculosis) DO NOT review any resident records that include personally identifiable health information, including diagnoses, laboratory test results, etc., provided by the employer.

c. Evaluations of workplace health and safety issues in this NEP may involve assessment of resident handling. Resident handling activities may take place in resident rooms, restrooms, shower and bathing areas, or other areas where the privacy of residents could be compromised. Documenting resident handling activities by videotaping or photography requires the resident's informed, written consent. Family members or guardians may give consent for those residents who are incapable of giving informed consent (see Appendix A).

C. Employees' Records.

1. If employee medical records are needed that are not specifically required by a DOSH standard (e.g., the results of medical examinations, laboratory tests, medical opinions, diagnoses, first aid records, reports from physicians or other health care providers), they must be obtained and kept in accordance with Chapter 296-802 WAC, Employee Medical and Exposure Records, and Chapter 70.02 RCW, Medical records - health care information access and disclosure. When requesting medical records for the employer, use the Medical Records Letter in Appendix E.

2. The Department of Health and Human Services' Standards for Privacy of Individually Identifiable Health Information, 45 CFR 164.512 (b)(1)(i), provides that protected health information may be disclosed to a public health authority (e.g., DOSH) which has the authority to collect or receive such information for the purpose of preventing or controlling disease, injury, or to be used in public health investigations (e.g., DOSH inspection activities to determine compliance with safety and health regulations).

Information disclosed to a public health authority must be done in accordance with Chapter 70.02 RCW, Medical records - health care information access and disclosure. When requesting medical records for the employer, use the Medical Records Letter in Appendix E.

NOTE: *Direct questions regarding privacy protections to the DOSH Technical Services Program.*

D. Prior Settlement Agreement.

1. Currently, there are no corporate-wide settlement agreements in effect for facilities in the covered NAICS codes. Prior to the start of any inspection conducted under this NEP, the Compliance Support Manager will determine if the establishment is subject to any locally established settlement agreement. If the establishment is subject to a settlement agreement, the Compliance Support Manager will issue appropriate instructions to the CSHO.

2. The inspection of an establishment covered by a settlement agreement may be used as a monitoring inspection as the terms of the agreement dictate. The Compliance Support Manager will contact the Regional Office for appropriate action.

E. Recordkeeping.

Recordkeeping issues must be handled in accordance with Chapter 296-27 WAC, Recordkeeping and Reporting, or other related rule requirements. A partial walkthrough should be conducted to interview workers in order to verify the injury and illness experience. Any serious violations that are observed in the vicinity or brought to the attention of the CSHO must be investigated and may be cited.

F. Ergonomics: MSD Risk Factors Relating to Resident Handling.

This section provides guidance to DOSH personnel for conducting inspections in accordance with this NEP as it relates to risk factors for musculoskeletal disorders (MSDs) associated with resident handling. These inspections shall be conducted in accordance with the DOSH Compliance Manual. Prior to the issuance of any ergonomic based violation, there will be a Central Office review before the CSHO closes the inspection. Any ergonomic based violation issued must be cited under Safe Place standards in Chapter 296-800 WAC, and must be serious violations.

1. Establishment Evaluation. Inspections of MSD risk factors will begin with an initial process designed to determine the extent of resident handling hazards and the manner in which they are addressed. This will be accomplished by an assessment of establishment incidence and severity rates, whether such rates are increasing or decreasing over a three-year period, and whether the establishment has implemented a process, or program, to address these hazards in a manner which can be expected to have a useful effect.

   CSHOs should ask for the maximum census of residents permitted, and the current census during the inspection. Additionally, CSHOs should inquire about the degree of ambulation of the residents, as this information may provide some indication of the level of assistance given to residents or the degree of hazards that may be present.

NOTE: If there is indication from injury records, or from employer or employee interviews that other sources of ergonomics-related injuries exist (e.g., MSDs related to office work, laundry, kitchen, or maintenance duties), the CSHO must include the identified work area and affected employees in the assessment.

2. When assessing an employer's efforts to address resident handling hazards, the CSHO will use the Ergonomics section to evaluate program elements, using the checklist found in Appendix F.

G. Slip, Trips, and Falls.

This section provides general guidance related to these types of hazards when conducting inspections in a nursing and personal care facility, and where hazards are noted, the CSHO should cite the applicable standards.

1. Evaluate the general work environments (e.g., kitchens, dining rooms, hallways, laundries, shower/bathing areas, points of access and egress) and document hazards likely to cause slips, trips, and falls, such as but not limited to:
   - Slippery or wet floors, uneven floor surfaces, cluttered or obstructed work areas/passageways, poorly maintained walkways, broken equipment, or inadequate lighting.
   - Unguarded floor openings and holes.
   - Damaged or inadequate stairs and/or stairways.
   - Elevated work surfaces which do not have standard guardrails.
   - Inadequate aisles for moving residents.
   - Improper use of ladders and/or stepstools

2. Note any policies, procedures and/or engineering controls used to deal with wet surfaces. These would include, but are not limited to, ensuring spills are reported and immediately cleaned up, posting signs/barriers alerting employees to wet floors, keeping passageways/aisles clear of clutter, and using appropriate footgear. Where appropriate, evaluate the use of no-skid waxes or other types of coated surfaces designed to enhance surface friction.

H. Bloodborne Pathogens.

This section describes procedures for conducting inspections and preparing citations for occupational exposure to blood and other potentially infectious materials (OPIM) in nursing and residential care facilities. This is not an exhaustive list. CSHOs should refer to Chapter 296-823 WAC when assessing these hazards. In addition, outreach and educational materials are available on the Internet, and other references are provided in the appendices to this document.

1. Evaluate the employer's written Exposure Control Plan (ECP) to determine if it contains all the elements required by the standard.

2. Assess the implementation of appropriate engineering and work practice controls.

    a. Determine which procedures require the use of a sharp medical device (e.g., use of a syringe for the administration of insulin) and determine whether the employer has evaluated, selected, and is using sharps with engineered sharps injury protection (SESIPs) or needleless systems.

    b. Confirm that all tasks involving sharps have been evaluated for the implementation of safer devices. For example, determine whether the employer has implemented a policy requiring use of safety engineered needles for pre-filled syringes and single-use blood tube holders.

    c. Determine whether the employer solicited feedback from non-managerial employees responsible for direct resident care, who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and whether the employer documented solicitation in the ECP.

3. Ensure that proper work practices and personal protective equipment are in place.

4. Assess whether containment of regulated waste is performed properly.

5. Evaluate and document the availability of handwashing facilities. If immediate access to handwashing facilities is not feasible, ascertain whether skin cleansers are used (e.g., alcohol gels).

6. Assess the use of appropriate personal protective equipment (e.g., masks, eye protection, face shields, gowns and disposable gloves, including latex free gloves, where appropriate).

7. Ensure that a program is in place for immediate and proper clean-up of spills, and disposal of contaminated materials, specifically for spills of blood or other body fluids.

8. Ensure that the employer has chosen an appropriate EPA-approved disinfectant to clean contaminated work surfaces and that the product is being used in accordance with the manufacturer's recommendations.

9. Determine that the employer has made available to all employees with occupational exposure to blood or OPIM the hepatitis B virus (HBV) vaccination series within 10 working days of initial assignment, at no cost to the employee, and that any declinations are documented in accordance with WAC 296-823-13005.

10. Ensure that healthcare workers who have contact with residents or blood and are at ongoing risk for percutaneous injuries are offered a test for antibody to the HBV surface antigen in accordance with the U.S. Public Health Service guidelines.

11. Investigate procedures implemented for post-exposure evaluation and follow-up following an exposure incident:

    a. Determine if establishment-specific post-exposure protocols are in place (i.e., where and when to report immediately after an exposure incident).

    b. Determine if medical attention is immediately available, including administration of a rapid HIV test, in accordance with current U.S. Public Health Service guidelines.

12. Observe whether appropriate warning labels and signs are present.

13. Determine whether employees receive training in accordance with the standard.

14. Evaluate the employer's sharps injury log. Ensure that all injuries that appear on the sharps injury log are also recorded on the OSHA-300 log.

    (An employer may use the OSHA-300 as long as the type and brand of the device causing the sharps injury is entered on the log, records are maintained in a way that segregates sharps injuries from other types of work-related injuries and illnesses, or allows sharps injuries to be easily separated, and personal identifiers are removed from the log. However, CSHOs may suggest that employers simply use a separate sharps injury log.)

15. Determine whether the log includes the required fields.

16. Ensure that employees' names are not on the log, but that a case or report number indicates an exposure incident.

17. Determine whether the employer uses the information on the sharps injury log when reviewing and updating its ECP. Failure to use this information is not a violation, but the CSHO should recommend that the information be used for these purposes.

18. Citation Guidance. If an employer is in violation of the Bloodborne Pathogens standard, the employer will be cited in accordance with Chapter 296-823 WAC, Bloodborne Pathogens.

I. Tuberculosis (TB).

This section provides guidance for conducting inspections and preparing citations for the occupational exposure to tuberculosis specific to nursing and residential care facilities. This is not an exhaustive list. For further detail, CSHOs should refer to DOSH Directive 11.35, Tuberculosis Control in Health Care, which gives guidance to CSHOs to use the CDC guidelines: *Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005* when assessing this hazard.

1. Determine whether the establishment has had a suspected or confirmed TB case among residents within the previous 6 months prior to the date of the opening conference: if not, do not proceed with this section of the inspection.

   If a case has been documented or suspected, proceed with the inspection according to the guidance document, of the CDC guidelines: *Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005.*

2. Determine whether the establishment has procedures in place to promptly isolate and manage the care of a resident with suspected or confirmed TB, including an isolation room and other abatement procedures.

3. Determine whether the establishment offers tuberculin skin tests for employees responsible for resident care, specifically those described in the CDC guidelines: *Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005*, as prescribed by DOSH Directive 11.35.

4. Citation Guidance. The CSHO should refer to of the CDC guidelines: *Preventing the Transmission of* Mycobacterium tuberculosis *in Health-Care Settings, 2005,* as directed by DOSH Directive 11.35, for enforcement procedures including citation guidance for:

   a. Respiratory Protection (Note: All respiratory protection citations must be cited under Chapter 296-842 WAC, Respirators).
   b. Accident Prevention, WAC 296-800-140.
   c. Employee Medical Exposure and Records, Chapter 296-802 WAC.
   d. Recordkeeping and Reporting, Chapter 296-27 WAC.

J. Workplace Violence (WPV).

1. WPV is a recognized hazard in nursing and residential care facilities. NIOSH defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. DOSH Directives 5.07, Workplace Violence Prevention in Health Care, and 5.05, Violence in the Workplace, establish agency enforcement policies and provide uniform procedures which apply when conducting inspections in response to incidents of workplace violence. DOSH Directive 5.05 directs CSHOs who conduct programmed inspections at worksites that are in industries with high

incidences of workplace violence such as health and residential care facilities to investigate for the potential or existence of this hazard.

2. Citation Guidance. In accordance with the DOSH Compliance Manual, general guidance on citations and specific guidance in DOSH Directives 5.05 and 5.07, citations should focus on the specific hazard employees are exposed to, not the events that caused the incident or the lack of a particular abatement method.

K. Other Hazards.

As detailed in the DOSH Compliance Manual, when additional hazards come to the attention of the CSHO, the scope of the inspection may be expanded to include those hazards.

Although unprotected occupational exposures to MRSA and other multi-drug resistant organisms or exposure to hazardous chemicals (i.e., hazard communication) are not included in the target hazards under this NEP, if these or other hazards become known during the course of an inspection conducted under this NEP, they should be investigated.

1. Methicillin-resistant *Staphylococcus aureus* (MRSA) and other multi-drug resistant organisms (MDROs). Nursing and residential care facilities are among the settings at increased risk of potential transmission of MRSA and other MDROs. CSHOs are expected to investigate situations where it is determined during inspections conducted under this NEP that employees are not protected from potential transmission of MDROs such as MRSA. Refer to the DOSH Compliance Manual and other DOSH reference documents prior to proceeding with citation issuance.

   Recommendations for standard precautions and contact precautions to reduce or eliminate exposure to MRSA and other MDROs are outlined in CDC guidelines, including the *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007*. [11, CDC]

   Appendix D contains information that is provided only as an example of language that may be used in an Alleged Violation Description (AVD) for unprotected occupational exposure to MRSA specific to nursing and residential care facilities.

NOTE: Violations of applicable DOSH standards (e.g., PPE standards) must be documented in accordance with the DOSH Compliance Manual. In Safe Place citations the recognized hazard must be described in terms of the danger to which employees are exposed, e.g. the danger of being infected by MRSA, not the lack of a particular abatement method. Feasible abatement methods that are available and likely to correct the hazard must be identified. Further, any violation issued under safe place must be a serious violation.

2. Hazard Communication. Employee exposures to hazardous chemicals, such as sanitizers, disinfectants, and hazardous drugs may be encountered in nursing and residential care facilities. Employers are required to implement a written program that meets the requirements of Chapter 296-800-170 WAC, Employee Chemical Hazard Communication, to provide worker training, warning labels and access to Material Safety Data Sheets (MSDSs).

XI. Who to Contact

If questions, problems or concerns arise, compliance officers should contact their respective supervisors first, and then their regional managers, as appropriate. For further technical information or assistance with this directive, please contact the DOSH Technical Services Program.

Approved: _____

Anne F. Soiza, Assistant Director
Division of Occupational Safety and Health
Department of Labor and Industries

[Appendices A through F are attached to this Directive]

Appendix A

Release and Consent

I hereby consent and release to the Washington State Department of Labor and Industries, Division of Occupational Safety and Health (DOSH), the right to use my picture and sound being videotaped or photographed during a DOSH inspection of _____ (name of facility) commenced on _____ (date). I understand that this videotape or photograph will be used solely to document employee safety and health conditions at the facility, and may be used as evidence in legal proceedings related to those conditions.

Signature of Resident _____Date _____

In the event that there has been a medical or legal determination that a resident cannot give informed consent to be videotaped or photographed, the following shall be used:

On behalf of _____ (name of resident), I hereby grant to the Washington State Department of Labor and Industries, Division of Occupational Safety and Health, the right stated above.

_____ _____
Signature of person authorized to give informed consent on resident's behalf

Date

_____
Relationship to resident (spouse, child, etc.)

Signature of Witness _____Date _____

Appendix B

Reference Material for Nursing Home National Emphasis Program

Resident Handling

A back injury prevention guide for health care providers:
http://www.dir.ca.gov/dosh/dosh_publications/backinj.pdf

Designing workplaces for safer handling of people:
http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/designing-workplaces-for-safer-handling-of-people

Extended-care facilities safety manual:
http://www.ohiobwc.com/downloads/brochureware/publications/ExtendedCareManual.pdf

A practical guide to resident handling:
http://www.washingtonsafepatienthandling.org/images/FullGuideforMSIPAPracticalGuidetoResidentHandling.pdf

No unsafe lift workbook:
http://employment.alberta.ca/documents/Whs/WHS-PUB_nounsafelift_workbook.pdf

Algorithms for safe patient handling and movement:
http://www.visn8.va.gov/VISN8/PatientSafetyCenter/safePtHandling/SafePatientHandlingAssessment_Algorithms_031209.doc

Safe Patient Handling in Washington State:
http://www.washingtonsafepatienthandling.org

VA Safe Patient Handling and Movement:
http://www.visn8.va.gov/visn8/patientsafetycenter/safePtHandling/default.asp

Slips, Trips and Falls

Slip, trip, and fall prevention for healthcare workers:
http://www.cdc.gov/niosh/docs/2011-123/pdfs/2011-123.pdf

Health and social care slips, trips and falls prevention campaign:
http://www.hse.gov.uk/shatteredlives/industry-health.htm

Slips and Trips eLearning Package (STEP):
http://www.hse.gov.uk/slips/step/index.htm

Liberty Mutual Research Institute for Safety – slips, trips and falls:
http://www.libertymutualgroup.com/omapps/ContentServer?c=cms_document&pagename=LMGResearchInstitute%2Fcms_document%2FShowDoc&cid=1138365873270

Appendix B (continued)

Publications:

1. Centers for Disease Control and Prevention, *Reported Tuberculosis in the United States, 2009.* Atlanta, GA: U.S. Department of Health and Human Services, CDC, October 2010.

2. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, *Safe Lifting and Movement of Nursing Home Residents*, USDHHS, CDC, NIOSH Pub. No. 2006-117. http://www.cdc.gov/niosh/docs/2006-117/pdfs/2006-117.pdf

3. Association for Occupational Health Professionals (AOHP), *Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting* (2006). AOHP-OSHA Alliance Implementation Team. http://www.aohp.org/documents/about_aohp/BGS_Summer2011.pdf

4. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, *Musculoskeletal Disorders and Workplace Factors*, 2nd printing, U.S. DHHS, CDC, NIOSH Pub. No. 97-141. http://www.cdc.gov/niosh/docs/97-141/pdfs/97-141.pdf

5. *Musculoskeletal Disorders and the Workplace: Low Back and Upper Extremities,* National Academy of Sciences, Institute of Medicine (2001).

6. *Back Injury Prevention Guide in the Health Care Industry for Health Care Providers*, CalOSHA (11/97). http://www.dir.ca.gov/dosh/dosh_publications/backinj.pdf

7. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, *Elements of Ergonomic Programs: A Primer based on Workplace Evaluations of Musculoskeletal Disorders*, DHHS/NIOSH Pub. No. 97-117. [Note: There are links on the Ergonomics Tech Links page to the NIOSH documents]

8. OSHA Publication 3182, *Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders*. http://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html

9. OSHA Publication 3148, *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers.* https://www.osha.gov/Publications/OSHA3148/osha3148.html

10. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. (2002). *Violence Occupational Hazards in Hospitals*. DHHS (NIOSH) Pub. No. 2002-101. http://www.cdc.gov/niosh/docs/2002-101/#5

11. Centers for Disease Control and Prevention, *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007*, www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

12. OSHA Publication 3186, *Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communication Standards.* http://www.osha.gov/Publications/osha3186.html

Appendix B (continued)

13. OSHA Publication 3245, *OSHA Recordkeeping Handbook*.
http://www.osha.gov/recordkeeping/handbook/index.html

14. Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR): "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005," December 30, 2005/Vol. 54/No. RR-17.

15. "Occupational Injuries and Illnesses; Recording and Reporting Requirements," published in the Federal Register on January 19, 2001 (66 FR 5915).

Additional Web links:

http://www.cdc.gov/tb
http://www.cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm
http://www.cdc.gov/mrsa
http://www.cdc.gov/ncidod/dhqp/gl_hcpersonnel.html
http://www.cdc.gov/ncidod/dhqp/gl_longterm_care.html
http://www.cdc.gov/ncidod/eid/vol7no2/nicolle.htm
http://www.cdc.gov/niosh/homepage.html
http://www.cdc.gov/niosh/docs/2006-117
http://www.cdc.gov/niosh/topics/ergonomics
http://www.cdc.gov/niosh/topics/healthcare
http://www.cdc.gov/HAI/organisms/visa_vrsa/visa_vrsa.html
http://www.cdcnpin.org/scripts/tb/program.asp
https://www.osha.gov/SLTC/workplaceviolence/index.html
http://www.osha.gov/SLTC/healthcarefacilities/index.html
http://www.osha.gov/SLTC/nursinghome/index.html
http://www.osha.gov/SLTC/etools/hospital/index.html
http://www.osha.gov/SLTC/etools/nursinghome/index.html
http://www.osha.gov/SLTC/etools/hospital/hazards/slips/slips.html
http://www.osha.gov/SLTC/tuberculosis/index.html
http://www.osha.gov/SLTC/etools/hospital/hazards/tb/tb.html
Oregon Coalition for Healthcare Ergonomics: http://hcergo.org

Appendix C

Sample AVD for Resident Handling Hazards

NOTE: Refer to the DOSH Compliance Manual and other DOSH reference documents prior to proceeding with citation issuance. The following is provided ONLY as an example of the language that may be used in an Alleged Violation Description (AVD) for resident handling-related incidents.

Employee Responsibilities: Safe Workplace, Chapter 296-800-110 WAC

Per Chapter 296-800-11005 WAC: The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause serious physical harm to employees, in that employees were required to perform lifting tasks resulting in stressors that have caused or were likely to cause musculoskeletal disorders (MSDs):

Location – Address: _____

On or about Date employees were exposed to _____ hazards which were causing or likely to cause _____ . Employees were required to transfer non-weight bearing and partial weight bearing residents manually by lifting or partially lifting them, exposing employees to lifting-related hazards resulting in injuries and disorders such as lumbar or back strain/sprain/pain, herniated/ruptured disk, injury to the L5/S1 disc, and various shoulder injuries.

Abatement.

Feasible means of abatement include but are not limited to implementing a safe patient handling and movement policy for transferring and lifting of non-weight bearing and partial weight bearing residents. This necessitates the use of mechanical lift assist and transfer devices.

NOTE: AVD must be adapted to the specific circumstances noted in each inspection. The AVD above is an example that will be appropriate in some circumstances.

Appendix D

Employer Responsibilities: Safe Workplace, WAC 296-800-110

Per WAC Safe Workplace 296-800-11005 for MRSA Exposure

NOTE: Refer to the DOSH Compliance Manual prior to proceeding with citation issuance. The following is provided ONLY as an example of the language that may be used in an Alleged Violation Description (AVD) for unprotected MRSA exposure.

Safe Workplace WAC 296-800-110

Per WAC 296-800-11005 – refer to the CDC guidelines: *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007*, which recommends standard precautions and contact precautions to reduce or eliminate exposure to MRSA. Abatement would include handwashing, cohorting of patients/residents, device and laundry handling.

Safe Workplace WAC 296-800-110

Per WAC Safe Workplace 296-800-11005: The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees in that employees were exposed to communicable diseases:

Location – Address: _____

On or about Date _____ employees were exposed to drug-resistant infections while providing care to residents with infections such as, but not limited to, Methicillin-Resistant Staphylococcus aureus (MRSA).

Abatement.

Feasible means of abatement include, but are not limited to: a) providing training on all routes of transmission of infections, the proper personal protective equipment to be used, and infection control practices to be utilized; b) notifying employees about status of any resident with infection prior to beginning care assignments for every shift; c) cohorting patients/residents; and d) using administrative controls, such as limiting access to patients/residents with MRSA infections by non-essential personnel.

Appendix E

Request for Medical Records and Medical Information Release Cover Letter

REQUEST FOR MEDICAL RECORDS

(Date)

[ADD MEDICAL PROVIDER'S
INFORMATION HERE]

RE: XYZ Company, Inspection No.
Medical Records for John Doe
DOB:
SSN:

Dear Records Custodian:

The Department of Labor & Industries (Department), Division of Occupational Safety and Health (DOSH), is in the process of conducting a Safety/Health Inspection regarding the above captioned employer. The Department believes the medical records of the above-named individual are relevant to this inspection. To assist the Department in completing this inspection, please arrange for _____(inspector name & title)_____ to review any and all medical records relevant to the investigation (list issues to explain relevance of the medical records request. To the investigation):

_____

_____

_____

_____

Because there are deadlines in the completion of our inspection, a response to this request within ten days is appreciated. If you have any questions, please do not hesitate to contact me.

Thank you for your cooperation in responding to this request.

Sincerely,

CSHO Name, title
Address
Telephone number

Appendix E (continue)

MEDICAL INFORMATION RELEASE LETTER

[ADD MEDICAL PROVIDER'S
INFORMATION HERE]

RE: ***XYZ Company*, Inspection No.**
Medical Records for John Doe
DOB:
SSN:

The Department of Labor & Industries (Department), Division of Occupational Safety and Health (DOSH), is in the process of conducting a Safety/Health Inspection regarding the above captioned employer. Pursuant to the provisions of RCW 49.17.070 (cited below), please furnish to the Department any and all medical information in your possession and control, as specified in the enclosed REQUEST FOR MEDICAL RECORDS letter. This information shall include copies of all requested records of treatment, physical examinations, diagnostic tests, x-ray reports (excluding the x-rays themselves), laboratory studies, history obtained, diagnoses and opinions, and conclusions.

It is the Department's opinion that this information and/or records are relevant and necessary to the completion of the Department's inspection.

WASHINGTON INDUSTRIAL SAFETY AND HEALTH ACT
CHAPTER 49.17 RCW (REVISED CODE OF WASHINGTON
RCW 49.17.070
HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

RCW 49.17.070. The director, or his authorized representative, in carrying out his duties under this chapter…is authorized to…require the attendance and testimony of witnesses and the production of evidence under oath…In the case of contumacy, failure, or refusal of any person to obey such an order, any superior court within the jurisdiction of which such person is found, or resides, or transacts business, upon the application of the director, shall have jurisdiction to issue to such person an order requiring such person to appear to produce evidence if, as, and when so ordered, and to give testimony relating to the matter under investigation or in question, and any failure to obey such order of the court may be punished by said court as a contempt thereof. [1973 c 80 § 7.]

HIPAA permits this disclosure without authorization, consent, or opportunity to agree or object. 45 CFR 164.512 (d) Standard: uses and disclosures for health oversight activities: "(1) A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, **administrative**, or criminal **investigations; inspections**;…civil, administrative, or criminal proceedings or actions; **or other activities necessary for the appropriate oversight of**…(iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards…" (emphasis added) A "health oversight agency" is defined as "an agency or authority of the United States, **a State**…or a person or entity acting under grant of authority from…such public agency…that is authorized by law to oversee the health care system…**or government programs in which health information is necessary to determine eligibility or compliance**…" (emphasis added)

Appendix E (continue)

MEDICAL INFORMATION RELEASE LETTER (CONTINUE)

Pursuant to WAC 296-802-50010, the Division of Occupational Safety and Health (DOSH) review of medical records is conducted in accordance with the following requirements:

1. On-site review of the requested records will be the responsibility of the Compliance Safety and Health Officer (CSHO) designated in the REQUEST FOR MEDICAL RECORDS letter.

2. If additional persons will review the medical records the designated CSHO will provide the records custodian with the names and titles of these persons and the reason for their review of the records in writing.

3. The location of on-site review of medical records will be determined by the records custodian.

4. If necessary, the CSHO may request copies of relevant portions of the records (except X-rays). When the CSHO requests copies of medical records the medical records become part of the Department's inspection file.

6. The DOSH Public Disclosure Office will review all inspection information prior to release outside of the Department and remove all confidential information and records contained therein.

7. Medical records will be maintained as part of the inspection file for a period of 7 years.

If you have any questions please contact the _____name_____ DOSH Industrial Hygiene Program Manager, at 360-902-5436

If you are an employer and receive this letter in regards to your employee or employees, please provide a copy to the affected employees.

Appendix F

Nursing Home NEP Checklist

Name of Facility:

Date:

CSHO:

Ergonomist:

Part of a chain? No Yes - Local Statewide National

Maximum number of residents permitted:

Current number of residents:

How many of the current residents are non-ambulatory?:

Of those residents who can walk, describe the kind of help that you provide them:

	2009	2010	2011	2012
Average FTEs per year				
WMSD Incidence Rate:				
WMSD Severity Rate:				

Occupations and job tasks where WMSDs have occurred:

Note: If there is indication from injury records, or from employer or employee interviews that other sources of ergonomics-related injuries exist (e.g., MSDs related to office work, laundry, kitchen, or maintenance duties), the compliance officer must include the identified work area and affected employees in the assessment.

Appendix F

Nursing Home NEP Checklist

Program Review

Program Management

Is this facility using a systematic approach to hazard identification and analysis?

What does a hazardous resident handling situation look like? How would you describe it? How did you come up with that? Is it based on written or spoken expectations from the employer, or your own gut instincts?

Does your facility provide best practice scenarios that they want to see you use re: resident handling? Do they describe scenarios that they don't want to happen?

Who has the responsibility and authority for compliance with this system?

Does your facility have policies and procedures about how to do resident handling tasks (transfers and bed mobility)?

If you have policies and procedures, what happens when people don't follow them?

Have employees provided input in the development of the lifting, transferring, or repositioning procedures?

Is there a system for monitoring compliance with policies and procedures and following up on deficiencies?

Have there been any recent changes in policies/procedures? Did they follow up with an evaluation of the effect they have had (positive or negative) on resident handling injuries and illnesses?

Appendix F

Nursing Home NEP Checklist

Program Review (continue)

Program Implementation

Who is responsible for evaluating a resident's mobility status?

What do you look for when you evaluate mobility status?

Do you use a grading of any sort, for mobility status? Do you have a formal decision logic or algorithm for when to use lift, transfer, or repositioning devices?

How often and under what circumstances do manual lifts, transfers, or repositioning occur?

Who decides how to lift, transfer, or reposition residents?

What resident handling equipment do you have?
How many of each?
For each type, are there enough for the demand? Are they all in working order?
Is there an adequate number of appropriate lift, transfer, and reposition assistive devices available and operational?

Are there adequate numbers of slings for lifting devices and appropriate types and sizes of slings specific for all residents?

Are there appropriate quantities and types of assistive devices, such as but not limited to slip sheets, transfer devices, repositioning devices available?

Are assistive devices, slings, and other equipment within close proximity and maintained in a usable and sanitary condition?

Are policies and procedures appropriate to eliminate or reduce exposure to the manual lifting, transferring, or repositioning hazards at the establishment?

Appendix F

Nursing Home NEP Checklist

Program Review (continue)

Employee Training

Have nursing and therapy employees been trained in:

- How to recognize hazardous resident handling scenarios?
- Early reporting of injuries?
- The facility's process for abating those hazards?

Can nursing and therapy employees demonstrate competency in performing lift, transfer, or repositioning using assistive devices?

Occupational Health Management

Is there a process for early identification and treatment of work-related disorders?

Does the process include light duty, job modifications, or similar return to work concepts?